

FaDSS MONTHLY PARTICIPATION VERIFICATION Instructions

Purposes:

- To provide pertinent information to PROMISE JOBS concerning shared participants. Participants include any household members that have an FIA. Including both parents of a two parent household, minor parents, and any child that is FIA responsible.
- To verify participation information.

Process:

- To Begin the FaDSS Monthly Participation Verification Email: Choose Signature FaDSS Monthly.
- Fill in Subject Line: FaDSS Monthly – family's name
- Fill out the embedded form (directions below) and email to the assigned PROMISE JOBS worker by the 10 of the month following the Report Month.
- Print the 'Sent' email and file in family's file.

Monthly Participation Format

THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED. Include some type of confidentiality notice. Follow your agencies requirements.

FaDSS MONTHLY PARTICIPATION VERIFICATION

Report Month: Enter the month for which you are reporting

Months are reported by full weeks, not by calendar days. A full week runs from Saturday through the next Friday. Which weeks are included in a report month are determined by the number of Fridays in the month.

Example:

February 2011 Report Month: January 29th through February 25th
 week 1 = Saturday, January 29th through Friday, February 4th
 week 2 = Saturday, February 5th through Friday, February 11th
 week 3 = Saturday, February 12th through Friday, February 18th
 week 4 = Saturday, February 19th through Friday, February 25th
 February 26, 27, 28 would be included in the March Report Month because that week ends on Friday, March 4th

Participant: Enter participant's name. (Participants include any household members that have an FIA. Including both parents of a two parent household, minor parents and any child that is FIA responsible.

DHS Case #: Enter the family's nine digit DHS number.

State ID#: Enter the participant's eight digit DHS State ID number. If more than one participant has an FIA in the household, include the name and State ID of each of these participants.

1. Note significant changes during the month. Include goals set or met, barriers resolved or any new barriers identified.

Include information that could help the PJ worker in identifying appropriate FIA activities or in identifying situations that may be interfering with the person's ability to participate in FIA activities. Information to report may also include attempts to contact the family if they were not contacted during the reporting month.

2. Referral Information. Include information on referral to and support in maintaining contact with other needed services.
3. Participation Time: (week= Saturday through Friday with the Friday falling in the reporting month)

For this section, delete the lines/boxes that are not appropriate. Only those activities in which the person participated should appear. For 2-parent families you will need to provide separate information for each parent.

Enter the amount of time each participant participated in the activity with the worker. Only include the time the person spends on these activities in direct contact with the FaDSS worker either face-to-face or by phone. Do not include time spent with a third party. Those hours would be captured through regular procedures with Time and Attendance forms issued by the PROMISE JOBS worker. If you know of activities in which the family is participating that might be captured for participation hours include under #1 above or notify the PROMISE JOBS worker.

*If there are more than two participants add a reporting table by copying and pasting the table. If there is only one participant in the household delete a table. If parenting skills are not part of the FIA delete that parenting skills table.

Participant: (enter head of the household)

If the participant has Parenting Skills in their FIA, report time spent in this activity separately. Time in all other activities should be combined and reported under "All other activities".

Parenting Skills

Age of participant:

Week 1	Week 2	Week 3	Week 4	Week 5

All other activities (combine time):

Week 1	Week 2	Week 3	Week 4	Week 5

Participant: (enter second participant)

If the participant has Parenting Skills in their FIA, report time spent in this activity separately. Time in all other activities should be combined and reported under "All other activities".

Parenting Skills

Age of participant:

Week 1	Week 2	Week 3	Week 4	Week 5

All other activities (combine time):

Week 1	Week 2	Week 3	Week 4	Week 5

PLEASE CALL IF YOU HAVE QUESTIONS

I verify the above activities and hours of participation.

Include you own signature line (Name, Agency, Phone Number)

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FaDSS MONTHLY PARTICIPATION VERIFICATION

Report Month: February 2011

Participant: Jane Jones

DHS Case #: xx

State ID #: xx

1. Note significant changes during the month. Include goals set or met, barriers resolved or any new barriers identified.
Jane continues her employment at HyVee but has been asking about how to get a job in the health care field. I will be helping her research different types of jobs, the education that will be needed and possible classess in the area.
2. Referral Information. Include information on referral to and support in maintaining contact with other needed services.
Assisted Jane in applying for Energy Assistance
3. Participation Time: (week= Saturday through Friday with the Friday falling in the reporting month)

Jane

All activities (combine time):

Week 1	Week 2	Week 3	Week 4	Week 5
	1 hr 45 min		2 hrs	

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I verify the above activities and hours of participation.

Susie Smith, WCCA, 515-281-3791

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FaDSS MONTHLY PARTICIPATION VERIFICATION

Report Month: February 2011

Participant: Tom and Monica Smith

DHS Case #: xxxx

State ID #: Tom: xxxx

Monica: xxxx

1. Note significant changes during the month. Include goals set or met, barriers resolved or any new barriers identified.

Tom and Monica have identified a new goal of paying off some bank fees.

Tom bought a used car and is now able to look for work at places off the bus route and with a wider range of hours.

2. Referral Information. Include information on referral to and support in maintaining contact with other needed services.

NA

3. Participation Time: (week= Saturday through Friday with the Friday falling in the reporting month)

Tom:

All activities (combine time)

Week 1	Week 2	Week 3	Week 4	Week 5
45 min		45 min		

Monica:

Parenting Skills

Age of participant: 17

Week 1	Week 2	Week 3	Week 4	Week 5
1 hr		1 hr		

All other activities (combine time):

Week 1	Week 2	Week 3	Week 4	Week 5
1 ¼ hr		1 ¼ hr		

PLEASE CALL IF YOU HAVE QUESTIONS

I verify the above activities and hours of participation.

Susie Smith, WCCA, 515-281-3791